

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1660

State File No.

541

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Lafayette</u>	
c. LENGTH OF STAY (in this place) <u>mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		d. STREET ADDRESS <u>Hepper Ave</u>		d. (If rural, give location) <u>0541</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Friedrich</u>		b. (Middle) <u>August</u>		c. (Last) <u>Schleicher</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 29-1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Allenton Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Schleicher</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Magee</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Schleicher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Schleicher</u>		ADDRESS <u>Higginsville</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>2 Hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____				<u>4200</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic Heart Disease</u>				<u>Unknown</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-30</u> , 1950, to <u>2-1</u> , 1951, that I last saw the deceased alive on <u>2-1</u> , 1951, and that death occurred at <u>5:45 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. E. Burngamer M.D.</u>				23b. ADDRESS <u>Higginsville Mo</u>		23c. DATE SIGNED <u>2-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S.E. Baker City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 2-1951</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Mershagen</u>		ADDRESS <u>Higginsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-6-51 _____

FEB 15 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Roy Wiegman
2883

Licensed Embalmer No. _____

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.